



MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH  
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
**TENANT BASED RENTAL ASSISTANCE PROGRAM**  
**VERIFICATION OF NO HOUSEHOLD INCOME**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.  
Failure to comply could result in termination of benefits.

Date: \_\_\_\_\_

Please Print or Type Tenant Name and Address

Voucher Number:	County:
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**Certification:**

**I certify that no adult member of my entire household has any income at the present time. I will immediately notify the appropriate Tenant Based Rental Assistance (TBRA) Administrator's office in writing when any household income is received.**

I also understand I am required to contact \_\_\_\_\_ at  
TBRA Administrator  
 \_\_\_\_\_ for re-examination on \_\_\_\_\_  
Telephone Number Date

I understand that any action to deceive, including any false statement or representation, or fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by termination from the Tenant Based Rental Assistance Program and/or imprisonment for up to 10 years or by a fine up to \$5000.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date Signed

TBRA Administrator USE ONLY	
Interim Eligibility Checkback	
<input type="checkbox"/> No Change	
_____ TBRA ADMINISTRATOR SIGNATURE	_____ Date

Distribution: Tenant  
TBRA Administrator  
Tickler File

**Return completed form to:**